



Eugene Police Activities League Camp Volunteer Application

A YOUTH CRIME PREVENTION PROGRAM



VOLUNTEER INFORMATION (Please print clearly)

Name: _____ Gender: _____
(Last) (First) (Middle)

Nick Name: _____ Age: _____ Birth Date: ____/____/____ T-Shirt Size: S M L XL

Home Phone: _____ Social Security #: _____

(Required for back ground check)

Home Address: _____ City: _____ Zip: _____

EMAIL: _____ Cell Phone: _____

Prior Volunteer Experience: _____

Second Language (please list): _____

Employer or Prior Work Experience: _____ Phone: _____

Reference #1 (Include phone #): _____
(E.g. Employer, professional reference; school principal, teacher or administrator; friend, etc.)

Reference #2 (Include phone #): _____

----- If not attending school next fall, please skip the next line -----

School Attending in Fall 2012: _____ School Phone#: _____

PARENT / GUARDIAN (1&2) / EMERGENCY CONTACT (3) INFO. (Parent/Guardian required if under 18)

(1)
Name: _____ Home Phone: _____
(Last) (First)

Relationship: _____ Cell Phone #: _____ Pager #: _____

Home Address: _____ City: _____ Zip: _____

Employer: _____ Work Phone: _____ Work Cell: _____

Email: _____

(2)
Name: _____ Home Phone: _____
(Last) (First)

Relationship: _____ Cell Phone #: _____ Pager #: _____

Home Address: _____ City: _____ Zip: _____

Employer: _____ Work Phone: _____ Work Cell: _____

Email: _____

(3)
Other Emergency Contact Name: _____
(Last) (First)

Relationship: _____ Home Phone: _____ Cell Phone/Pager: _____

Home Address: _____ City: _____ Zip: _____

Employer: _____ Work Phone: _____ Work Cell: _____

Staff Only: EPAL Volunteer's Name: _____

Background check: _____

Medications /Allergies: _____



MEDICAL INFORMATION (Please print clearly)

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

● Please list any medical conditions (e.g. allergies, illnesses, special dietary needs, etc.):

_____● Do you take any medication? ☐ Yes ☐ No If Yes, please list medications:

_____● Please list any physical or social needs for which consideration and/or accommodations may be given:

_____**PERMISSION AND LIABILITY AGREEMENT FOR PROGRAM PARTICIPATION
(Parent or Guardian must also sign if the Volunteer is under 18 years of age.)**

Each Volunteer applicant and parent/guardian (if applicant is under 18) both understand and agree that:

- The Volunteer in the Eugene Police Activities League (EPAL) Camp has permission to participate in the program and understands that comfortable and appropriate clothing and tennis shoes must be worn (no open toe shoes or sandals).
- A criminal history background investigation will be conducted on the Volunteer out of concern and safety for the children participating in the EPAL Camp program.
- Attendance is required for the Volunteer during all training and EPAL Camp program sessions assigned to work during the dates of June 18th – 22th from approximately 8:00 a.m. to 3:00 p.m. each day. It is also understood that there may be a mandatory Volunteer training scheduled sometime during the week or two prior to the start of the EPAL Camp session.
- Video or photographic material of Volunteers and participants during EPAL Camp activities may be used by the City of Eugene for publicity purposes, without compensation or permission. Unless a Photography Exclusion form (available upon request) is submitted, consent is hereby given to be photographed or video recorded during the 2012 EPAL Camp program. For more information about video or photographic material usage, or to request a copy of the form, please call 541-682-8189.
- **The City of Eugene does not provide medical insurance coverage for the EPAL Camp volunteers.** There are inherent risks associated with all recreational program activities. In consideration of the right to participate in this sponsored activity, each Volunteer and parent or guardian must agree to release and hold harmless the City of Eugene, its officers, agents and employees from any injury or damage resulting from such participation. A separate Release from Liability Statement may be required under certain circumstances. By signing below, it shall be deemed as an admission of agreement to the terms stated above. For more information about this application, please contact Sgt. Carl Stubbs @ 541-682-8189.

Camp Volunteer: Attend an EPAL skating party from 6-8 PM on 06/21/12?**Pre-order hotdog & drink special for skating party?****I am interested in a "EPAL Camp Highlights" DVD?***(more information on DVD will be available during camp)*

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No



EPAL Camp Volunteer: _____

(Signature of volunteer applicant required)

Date: ____/____/2012

Signature Parent/Guardian: _____

(Signature of parent or guardian required if applicant is under 18 yrs.)

Date: ____/____/2012